

CLAIMS ONLY						Application Number <i>10-7476170</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2							52					
3							53					
4							54					
5							55					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total			<i>8</i>				Total					
Indep			<i>12</i>				Indep					
Total			<i>20</i>				Total					
Depend							Depend					
Total							Total					
Claims							Claims					